

TO: State of Tennessee Real Estate Asset Management
William R. Snodgrass / Tennessee Tower
3rd Floor, 312 Rosa L. Parks Avenue
Nashville, Tennessee 37243-1102
RFPcoordinator@tn.gov

LEASE PROPOSAL FORM

Agency, Office Name:	<u>Department of Correction</u>
Principal Use Office/Warehouse/Other:	<u>Office</u>
Transaction Number:	<u>17-01-909</u>

I hereby offer to lease space to the State of Tennessee the space offered is identified and described as follows (Address of proposed space should be the 911 Emergency Address):

Name of Building _____
911 Street Address _____
City: _____ Zip Code: _____

Building is located on:
Assessor's Map # _____ and Parcel # _____

Deed to this property is registered in:
County _____ Deed Book # _____ Page _____

(This information may be obtained at the County Register's Office and/or Tax Assessor's Office)

	<u>Offered</u>	<u>Alternates Proposed</u>
Parking Requirements		
Usable & Rentable Square Footage	___ USF ___ RSF	
Special Buildout or Other Requirements		
Term Length		
Needed Commencement Date		
Termination Options		

Rent/SF		
Utility, Services and Other Costs		

1. I, the proposer, acknowledge by my signature that:
 - a. I have received, read and understand the Proposal Package;
 - b. That my lease proposal is made in accordance therewith or that any exceptions to the terms, conditions and specifications are fully stated below: All exceptions must be stated clearly and precisely. (If additional space is required, please attach additional page and refer to Item 1.b.);
 - c. I understand the terms and conditions set forth those desired by the State;
 - d. I understand the State reserves the right to reject any and all proposals and to waive any informality in any proposal;
 - e. I understand all applicable Codes must be complied with in the State's space or as required for access to or use of State space;
 - f. I will hold my lease proposal open for a period of one hundred twenty calendar days from the date of negotiated proposal;
 - g. I will enter into and execute a lease, if offered, on the basis of this lease proposal and complete and sign an "Authorization Agreement for Automatic Deposits (ACH Credits) Form."
 - h. I will permit the State to audit the proposed net rentable area to verify the accuracy of the submitted floor plan, and if the actual area available is less than indicated on the submitted floor plan, and still within the State's requirement, a corresponding downward adjustment in the rental amount will be made.
 - i. I understand tenant development services will be required if I am the successful proposer and that my design team will work under the guidance and support of a Real Estate Asset Management Facilities Planner prior to any expenditure for these services in accordance with item 11 of the Standard Terms and Conditions. The Architect(s) /Engineer(s) and/or Interior Designer(s) I will utilize is/are:
2. As required by T.C.A. Section 12-2-114, the names of any and all persons financially interested in the lease are as follows:

Name _____

Telephone Number _____

Address _____

Email _____

Name _____

Telephone Number _____

Address _____

Email _____

Name _____

Telephone Number _____

Address _____

Email _____

Name _____

Telephone Number _____

Address _____

Email _____

3. As required the following attachments are submitted with and made a part of this lease proposal:

- () Floor Plan of space proposed (1/8" = 1 foot scale)
- () Photographs of the building and site
- () Supplementary Building Description and Data Schedule
- () Site location map

4. Proposers are further encouraged to submit any other supporting materials such as plans, maps, photos, etc. which they feel might be useful to the State in understanding and evaluating their proposal. Proposers may redline the attached form lease.

5. Name of Owner: _____

Owner's Address: _____

Owner's Telephone Number: _____ FAX Number: _____

Owner FIN No. _____ OR

Owner S/S No. _____

E-Mail: _____

6. Name of Proposer: _____

Proposer's Address: _____

Form of Business: _____

Proposer's Telephone Number: _____

Fax Number: _____

E-Mail: _____

7. Proposal must be signed by a person or persons authorized to bind the proposer to a contract. Failure to complete the *Lease Proposal Form* may be cause for rejection of the lease proposal.

Signature of Proposer: _____

Date: _____

Title: _____

8. Conflict of Interest Disclosure

_____ I did not identify any potential conflict of interest, financial or otherwise, regarding my involvement with the development, formulation, drafting or review of the subject transaction or its scope of services.

_____ I identified a possible conflict of interest issue which might adversely reflect on or threaten the integrity of the subject transaction, and have detailed it and attached a statement to this form.

SIGNATURE

DATE

PRINTED NAME